FILED APR 12 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10333
Do not use this space.

1. PLACE OF DEATH
(a) County Butler — Registration District No. 89
(b) Township — Primary Registration District No. 3007 — Registered No. 75
(c) City Poplar Bluff — (d) Street No. — St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 500 yrs. 7 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Albert Edward Coen
(a) Residence, No. 1 St. Western Springs, Illinois
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Avanell Coen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27, 1861

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
78	8	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Banker
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rensselaer, Ind.

FATHER
13. NAME William E. Coen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Carolyn Hossler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Alban Coen
(ADDRESS) Western Springs, Illinois

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rensselaer, Ind. DATE March 24, 1940

19. FUNERAL DIRECTOR (NAME) Frank Und. Co.
(ADDRESS) Poplar Bluff, Mo.

20. FILED 3/24, 1940 Ola Litsinger
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22, 1940.

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1940, to March 22, 1940
I last saw him alive on March 22, 1940. Death is said to have occurred on the date stated above, at 11 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	3-11-40
Other contributory causes of importance:	
Traumatism following auto accident	3-4-40

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3-4, 1940
Where did injury occur? Wayne Co. Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury Auto accident
Nature of injury Broken rt. leg. Internal injuries

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Wm. Thompson, M. D.
(Address) Poplar Bluff, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

2 1 D m

SECOND

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

Scott A. Cotrell, or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed Scott A. Cotrell

Licensed Embalmer No. 3567

P. O. Address Poplar Bluff, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

S. No. 2B
M—2-21-40
I X22659

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10333

Registration District No. 89 Primary Registration District No. 3007 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Albert Edward Coen

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex m

5. Color or race w

6. (a) Single, widowed, married divorced wid

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 25 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 22
year 1940 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia	
Due to	
Due to	
Other conditions: Traumatism following auto accident	
Major findings: Collision with fixed object	
Operations	
Autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury

23. Signature W R Brandon (M. D. or other)

Address Poplar Bluff Mo Date signed

S-10333